



STATE OF MISSOURI
DEPARTMENT OF AGRICULTURE
GRAIN REGULATORY SERVICES

**ORIGINAL APPLICATION FOR MISSOURI GRAIN WAREHOUSE
AND/OR MISSOURI GRAIN DEALER LICENSE**

P.O. BOX 630
JEFFERSON CITY, MO 65102
(573) 751-4112
FAX (573) 751-5516

This application is required for all original applicants for a Missouri grain warehouse and/or Missouri grain dealer license. This information is requested to allow the Grain Regulatory Services Program to effectively administer the Missouri Grain Warehouse Law (Chapter 411, RSMo), the Missouri Grain Dealer Law (276.401 - 276.582, RSMo), and related administrative rules. Please read the "General Information & Instructions" and the "Guidelines for Preparation of Financial Statements" before completing this form. Failure to submit financial statements required by these instructions will result in our rejection of your application. This form should be typewritten and must be subscribed and sworn to under oath. If you are applying for licenses at more than one location, an original application form must be completed for each location. All items on the application must be completed or marked not applicable (N/A).

APPLICANT LEGAL NAME			DBA		
APPLICANT (HEADQUARTERS) INFORMATION			LOCATION INFORMATION (MULTIPLE LOCATIONS SEE INSTRUCTIONS)		
ADDRESS			ADDRESS		COUNTY
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
TELEPHONE ()	FAX NO. ()		TELEPHONE ()	FAX NO. ()	
CONTACT PERSON			MANAGER'S NAME		
E-MAIL ADDRESS			E-MAIL ADDRESS		
DO YOU WANT MAIL TO GO TO:			MANAGER'S HOME ADDRESS		CITY
<input type="checkbox"/> APPLICANT ADDRESS <input type="checkbox"/> LOCATION ADDRESS			STATE	ZIP CODE	MANAGER'S HOME PHONE ()
TYPE OF BUSINESS (CHECK APPLICABLE BOXES AND LIST APPLICABLE NAMES)					
<input type="checkbox"/> INDIVIDUAL PROPRIETOR	MARITAL STATUS <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED - NAME OF SPOUSE:				
<input type="checkbox"/> PARTNERSHIP	NAMES AND ADDRESSES OF PARTNERS:				
<input type="checkbox"/> CORPORATION	NAMES AND ADDRESSES OF OFFICERS:				
<input type="checkbox"/> SUB S	PRESIDENT				
<input type="checkbox"/> COOPERATIVE	VICE PRESIDENT				
<input type="checkbox"/> LLC	SECRETARY				
	TREASURER				
TYPE OF LICENSE BEING APPLIED FOR (CHECK APPLICABLE BOXES)					
<input type="checkbox"/> MISSOURI GRAIN WAREHOUSE LICENSE			DO YOU WISH TO APPLY FOR A CLASS I		
<input type="checkbox"/> MISSOURI GRAIN DEALER LICENSE			GRAIN DEALER LICENSE? <input type="checkbox"/> YES <input type="checkbox"/> NO		
<input type="checkbox"/> ALSO LICENSED AS A FEDERAL GRAIN WAREHOUSE:			ENTER LICENSE NUMBER _____		
<input type="checkbox"/> GRAIN HANDLING FACILITY: <input type="checkbox"/> NONE; <input type="checkbox"/> OWN; <input type="checkbox"/> RENT/LEASE - FROM _____					
ESTIMATE THE TOTAL DOLLAR AMOUNT OF GRAIN TO BE PURCHASED IN MISSOURI DURING THE FIRST FISCAL YEAR: \$ _____					

CHECK WHICH SERVICES YOU WILL BE OFFERING:				OFFICE USE ONLY
<input type="checkbox"/> BUY WHOLE GRAIN FOR RESALE <input type="checkbox"/> TRANSPORT GRAIN FOR OTHER PARTIES <input type="checkbox"/> PURCHASE WHOLE GRAIN, PROCESS AND SELL AS FEED <input type="checkbox"/> PURCHASE WHOLE GRAIN, PROCESS AND SELL AS SEED <input type="checkbox"/> SELL GRAIN ONLY <input type="checkbox"/> OFFER ANY TYPE OF MINIMUM PRICE CONTRACT	<input type="checkbox"/> GRAIN BANK FEED GRAINS FOR PRODUCERS <input type="checkbox"/> STORE GRAIN ON AN OPEN STORAGE BASIS <input type="checkbox"/> OFFER DELAYED PRICING OR DEFERRED PAYMENT OPTIONS <input type="checkbox"/> ISSUE NEGOTIABLE WAREHOUSE RECEIPTS <input type="checkbox"/> OFFER A DIRECT FARM TO MARKET PROGRAM <input type="checkbox"/> OTHER (DESCRIBE) _____			
BROKERS USED FOR HEDGING OR SPECULATIVE TRADING IN THE COMMODITIES MARKETS (ATTACH PAGE IF NECESSARY):				
NAME	ADDRESS	CITY	STATE	ZIP
FINANCIAL INSTITUTIONS USED (ATTACH PAGE IF NECESSARY):				
NAME	ADDRESS	TELEPHONE	CONTACT PERSON	
STATE YOUR FISCAL YEAR END: _____				
CORPORATION, COOPERATIVE OR LLC:				
1. STATE OF INCORPORATION: _____ DATE OF INCORPORATION: _____ (A COPY OF YOUR CERTIFICATE OF INCORPORATION AND ANY AMENDMENTS MUST BE SUBMITTED. IF INCORPORATED IN A STATE OTHER THAN MISSOURI, A COPY OF THE CERTIFICATE OF AUTHORITY OR RESIDENT AGENT DESIGNATION MUST BE SUBMITTED.)				
2. IF YOU ARE A CLOSELY HELD CORPORATION (STOCK NOT PUBLICLY TRADED) LIST THE THREE LARGEST STOCKHOLDERS AND INDICATE WHAT PERCENT OF THE TOTAL STOCK THEY OWN:				
1. _____ %				
2. _____ %				
3. _____ %				
3. HAS ANY OFFICER, MAJORITY SHAREHOLDER OR BOARD MEMBER OF THE CORPORATION BEEN INVOLVED IN ACTIVITIES WHICH RESULTED IN ANY LOSSES TO GRAIN DEPOSITORS OR GRAIN SELLERS IN MISSOURI OR ANY OTHER STATE IN THE PAST TEN (10) YEARS? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE EXPLAIN: _____				
4. IS THE CORPORATION A MAJORITY OR WHOLLY OWNED SUBSIDIARY? _____ IF YES, STATE THE PARENT COMPANY'S NAME: _____ ADDRESS: _____				
5. IS THE CORPORATION PART OF A GROUP OR RELATED CORPORATIONS THAT DO BUSINESS WITH EACH OTHER, WHERE THE SAME INDIVIDUAL, PARTNERSHIP, OR CORPORATION OWNS A CONTROLLING INTEREST IN ALL THE ENTITIES: <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, STATE WHO HAS CONTROLLING INTEREST: _____ ADDRESS: _____				
NOTE SPECIAL INSTRUCTIONS FOR CORPORATIONS IN THE "GUIDELINES FOR PREPARATION OF FINANCIAL STATEMENTS".				

PARTNERSHIPS ONLY:

1. DO YOU HAVE A WRITTEN PARTNERSHIP AGREEMENT? ☐ YES ☐ NO IF YES, PLEASE SUBMIT A COPY WITH THIS APPLICATION. IF NO, ONE MUST BE WRITTEN, SIGNED BY ALL PARTNERS AND A WITNESS, AND A COPY FORWARDED TO OUR OFFICE BEFORE A LICENSE WILL BE ISSUED.
2. ARE ALL FIXED ASSETS USED BY THE PARTNERSHIP TITLED IN THE NAME OF THE PARTNERSHIP? ☐ YES ☐ NO
IF NO, PLEASE EXPLAIN: _____
3. DOES THE PARTNERSHIP MAINTAIN A SEPARATE CHECKING ACCOUNT? ☐ YES ☐ NO
IF YES, WHO IS AUTHORIZED TO SIGN CHECKS FOR THE PARTNERSHIP? _____
IF NO, STATE THE NAME ON THE CHECKING ACCOUNT USED FOR GRAIN PAYMENT: _____
4. HAVE ANY OF THE PARTNERS OF THIS PARTNERSHIP BEEN INVOLVED IN ACTIVITIES WHICH RESULTED IN ANY LOSSES TO GRAIN DEPOSITORS OR GRAIN SELLERS IN MISSOURI OR ANY OTHER STATE IN THE PAST TEN (10) YEARS? ☐ YES ☐ NO IF YES, PLEASE EXPLAIN: _____

INDIVIDUAL PROPRIETORS ONLY:

1. ARE ALL FIXED ASSETS USED IN THE PROPRIETORSHIP BUSINESS TITLED IN THE PROPRIETOR'S NAME ONLY? ☐ YES ☐ NO
IF NO, PLEASE EXPLAIN: _____
2. ARE BUSINESS RECORDS KEPT? ☐ YES ☐ NO IF YES, DESCRIBE: _____
3. DO YOU HAVE A SEPARATE BUSINESS CHECKING ACCOUNT? ☐ YES ☐ NO
IF YES, WHO IS AUTHORIZED TO SIGN CHECKS ON THIS ACCOUNT? _____
IF NO, STATE THE NAME ON THE CHECKING ACCOUNT USED FOR GRAIN PAYMENT: _____
4. HAVE YOU OR YOUR SPOUSE (IF APPLICABLE) BEEN INVOLVED IN ACTIVITIES WHICH RESULTED IN ANY LOSSES TO GRAIN DEPOSITORS OR GRAIN SELLERS IN MISSOURI OR ANY OTHER STATE IN THE PAST TEN (10) YEARS? ☐ YES ☐ NO
IF YES, PLEASE EXPLAIN: _____

APPLICANT'S CERTIFICATION**THIS MUST BE SIGNED BY THE PROPRIETOR, ONE OF THE PARTNERS OF A PARTNERSHIP, OR BY AN OFFICER OF A CORPORATION APPLICANT**

DATE	STATE OF	COUNTY OF
TYPED NAME		BEING FIRST DULY SWORN, DEPOSE AND SAY THAT I AM THE - TITLE:

OF THE APPLICANT - BUSINESS NAME: _____

That I am authorized on the part of said applicant to verify and file with the Missouri Department of Agriculture all information contained herein, that I have full knowledge of the matters sent forth herein, and that all of the same are true in substance and fact. I also state that the financial statements submitted with this application are true and correct to the best of my knowledge and belief.

SIGNATURE _____

NOTARY PUBLIC EMBOSSER OR BLACK INK RUBBER STAMP SEAL	STATE OF	COUNTY (OR CITY OF ST. LOUIS)
	SUBSCRIBED AND SWORN BEFORE ME, THIS	
	DAY OF	YEAR
	USE RUBBER STAMP IN CLEAR AREA BELOW	
	NOTARY PUBLIC SIGNATURE	MY COMMISSION EXPIRES
	NOTARY PUBLIC NAME (TYPED OR PRINTED)	